



**IN THE  
UNITED STATES  
PATENT AND TRADEMARK OFFICE**

**IN RE APPLICATION OF:** Joshi

**CASE:** MIC-031103

**SER. NO.:** 10/657,820

**FILING DATE:** September 8, 2003

**FOR:** DEVICE AND METHOD FOR WOUND  
THERAPY

**REPLY TO  
RESTRICTION  
REQUIREMENT**

COMMISSIONER  
FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

**ATTENTION OF:**  
Art unit 3731

**EXAMINER:**  
Pantuck, Bradford C.

Dear Sir:

If any charges or fees must be paid in connection with the following communication, they may be paid out of our Deposit Account No. 50-0545.

This is in response to the Restriction Requirement mailed April 14, 2005. Please consider the remarks below in furtherance of substantive examination on the merits.

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